

Case Number:	CM13-0025838		
Date Assigned:	11/20/2013	Date of Injury:	03/24/2011
Decision Date:	01/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 26 year old female who reported an injury on 03/24/2011. The mechanism of injury information was not provided in the medical record. The patient diagnoses included sacroiliac pain, lumbar radiculitis, and lumbar discogenic pain syndrome. The most recent clinical note dated 11/13/2013 reported the patient received an epidural steroid injection on 11/11/2013 that caused nausea and dizziness. The patient also had an episode of emesis on the day of the injection, post injection. The patient rated her pain as 8/10 without medications and 2/10 with medications, but the patient has not been taking her Norco as ordered because she believes they are too strong and causing her constipation. There is an increase of pain since previous visit, prior to epidural steroid injection. Upon assessment, bilateral lower extremity strength was 5/5, sensation was intact but decreased in the right L5-S1 dermatomes, sciatic notches were pain free to palpation, sacroiliac joints are tender greater in the right, tenderness over the lumbar paraspinals and sacrum, and antalgic gait favoring the right leg. The patient was prescribed Protonix 40mg once daily, Zofran 4mg was refilled, promolaxin 100mg twice a day for constipation from her Norco, and Butalbital for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Lumbar: MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs.

Decision rationale: California MTUS/ACOEM does not address repeat MRI of the lumbar spine. Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There is a lack of sufficient clinical objective findings supporting a significant change in symptoms or new or progressive neurological deficits to support the need for a repeat MRI of lumbar spine. The MRI done in 02/2013 revealed no significant findings, and there has been no significant change in the patient's signs or symptoms to warrant an additional MRI at this time. As such, the request for lumbar MRI is non-certified.

EMG/NCS of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back Chapter, NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM states electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. CA MTUS/AOCEM does not address NCS. Official Disability Guidelines do not recommend NCS. The clinical information submitted detailed the patient had decreased sensation in a focal area of L5-S1. Therefore, the necessity of performing electrodiagnostic studies is not established. Also, NCSA is not supported by Official Disability Guidelines. As such, the request for EMG/NCS of the lower extremities is non-certified.